

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/584417		FILING DATE				
							APPLICANT(S)						
CLAIMS													
①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		1											
4		1											
5		1											
6		1											
7		1											
8		1											
9		1											
10		1											
11		1											
12		1											
13		1											
14		1											
15		1											
16		1											
17		1											
18		1											
19		1											
20		1											
21		1											
22	1												
23		1											
24		1											
25		1											
26		1											
27		1											
28		1											
29		1											
30		1											
31		1											
32		1											
33		1											
34		1											
35		1											
36		1											
37		1											
38		1											
39		1											
40		1											
41		1											
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2	↓	0	↓	0	↓							
TOTAL DEP.	39	←	0	←	0	←							
TOTAL CLAIMS	41		0		0								
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.	0	↓	0	↓	0	↓							
TOTAL DEP.	0	←	0	←	0	←							
TOTAL CLAIMS	0		0		0								